



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/058,169
		Filing Date	January 25, 2002
		First Named Inventor	Dar-Shyang Lee
		Art Unit	3621
		Examiner Name	Cheung, Mary Da Zhi Wang
Total Number of Pages in This Submission	25	Attorney Docket Number	74451P096C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return postcard.</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kevin G. Shao, Reg. No. 45,095 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	12/16/2004

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Cathy Bachmann		
Signature		Date	12/16/04

# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/058,169
Filing Date	January 25, 2002
First Named Inventor	Dar-Shyang Lee
Examiner Name	Cheung, Mary Da Zhi
Art Unit	3621
Attorney Docket No.	74451P096C

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 130.00

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid																
Total Claims	<table><tr><td>34</td><td>34*</td><td>=</td><td>0</td></tr><tr><td>22</td><td>23*</td><td>=</td><td>0</td></tr></table>	34	34*	=	0	22	23*	=	0	<table><tr><td>50.00</td><td>=</td><td>\$0.00</td></tr><tr><td>200.00</td><td>=</td><td>\$0.00</td></tr><tr><td></td><td>=</td><td></td></tr></table>	50.00	=	\$0.00	200.00	=	\$0.00		=	
34	34*	=	0																
22	23*	=	0																
50.00	=	\$0.00																	
200.00	=	\$0.00																	
	=																		
Independent Claims																			
Multiple Dependent																			

Large Entity		Small Entity		Fee Description		
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1202	50	2202	25	Claims in excess of 20		
1201	200	2201	100	Independent claims in excess of 3		
1203	360	2203	180	Multiple Dependent claim, if not paid		
1204	300	2204	150	**Reissue independent claims over original patent		
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (1)				<table><tr><td>(\$)</td><td>0.00</td></tr></table>	(\$)	0.00
(\$)	0.00					

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) Terminal Disclaimer			
SUBTOTAL (2)			130.00
			(\$) 130.00

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Kevin G. Shao	Registration No. (Attorney/Agent)	45,095	Telephone	(408) 720-8300
Signature		Date	12/16/2004		